



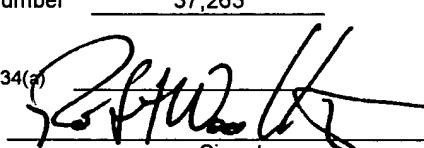
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PTO/SB/22 (08-03)

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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional) 332768003US1
In re Application of Mathew J. Tuohy		
Application Number 10/801,100		Filed March 15, 2004
For SPARK DISCHARGING DEVICE		
Conf. No. 9267	Examiner	Not Yet Assigned
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.		
The requested extension and appropriate non-small-entity fee are as follows (check time period desired):		
<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$ 110.00	
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$ _____	
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$ _____	
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$ _____	
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$ _____	
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ 55.00		
<input checked="" type="checkbox"/> A check in the amount of the fee is enclosed.		
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.		
<input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.		
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 50-0665		
I have enclosed a duplicate copy of this sheet.		
I am the <input type="checkbox"/> applicant/inventor.		
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).		
<input checked="" type="checkbox"/> attorney or agent of record. Registration Number 37,263		
<input type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a)		
3/20/04 Date		
(206) 359-8000 Telephone Number	Signature Robert G. Woolston Typed or printed name	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below		
<input checked="" type="checkbox"/> Total of 1 forms are submitted.		

08/24/2004 MAHMED1 00000085 10801100

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